

Electronic Filing Instructions for your 2017 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Nicole I Mattiace
186 Locust Street, Apt. PVT
Floral Park, NY 11001

Balance Due/Refund	Your federal tax return (Form 1040EZ) shows a refund due to you in the amount of \$2,056.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2018. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2017 Federal Tax Return Summary	Adjusted Gross Income	\$	49,969.00
	Taxable Income	\$	39,569.00
	Total Tax	\$	5,633.00
	Total Payments/Credits	\$	7,689.00
	Amount to be Refunded	\$	2,056.00
	Effective Tax Rate		11.27%

Form
1040EZ**Income Tax Return for Single and
Joint Filers With No Dependents** (99)**2017**

OMB No. 1545-0074

Your first name and initial Nicole I		Last name Mattiace		Your social security number 065 78 1145	
If a joint return, spouse's first name and initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 186 Locust Street				Apt. no. PVT	▲ Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Floral Park NY 11001					
Foreign country name		Foreign province/state/county		Foreign postal code	

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	49,969.
	2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
	3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	
	4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	49,969.
	5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if single ; \$20,800 if married filing jointly . See back for explanation.	5	10,400.
	6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	39,569.
Payments, Credits, and Tax	7	Federal income tax withheld from Form(s) W-2 and 1099.	7	7,689.
	8a	Earned income credit (EIC) (see instructions) No	8a	
	b	Nontaxable combat pay election. 8b		
	9	Add lines 7 and 8a. These are your total payments and credits .	9	7,689.
	10	Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	5,633.
	11	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	11	
12	Add lines 10 and 11. This is your total tax .	12	5,633.	
Refund Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.	13a	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	2,056.
	b	Routing number X X X X X X X X X X c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number X X X X X X X X X X X X X X X X X X		
Amount You Owe	14	If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions.	14	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
Designee's name	Phone no.	Personal identification number (PIN)	

Sign Here Joint return? See instructions. Keep a copy for your records.	Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
	Your signature	Date	Your occupation Mental health aide	Daytime phone number (516) 488-7153
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Self-Prepared		Firm's EIN	
	Firm's address			Phone no.	

Tax History Report

2017

► Keep for your records

Name(s) Shown on Return
Nicole I Mattiace

	Five Year Tax History:				
	2013	2014	2015	2016	2017
Filing status	Single	Single	Single	Single	Single
Total income	28,674.	52,301.	47,308.	54,307.	49,969.
Adjustments to income				1,617.	
Adjusted gross income	28,674.	52,301.	47,308.	52,690.	49,969.
Tax expense	1,172.	2,603.	2,425.	2,838.	2,534.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .	6,100.	6,200.	6,300.	6,300.	6,350.
Exemption amount . .	3,900.	3,950.	4,000.	4,050.	4,050.
Taxable income	18,674.	42,151.	37,008.	42,340.	39,569.
Tax.	2,355.	6,400.	5,093.	6,353.	5,633.
Alternative min tax . .					
Total credits	200.				
Other taxes					
Payments	3,610.	8,316.	7,465.	8,817.	7,689.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund.	1,455.	1,916.	2,372.	2,464.	2,056.
Effective tax rate % . .	7.52	12.24	10.77	12.06	11.27
**Tax bracket % . . .	15.0	25.0	15.0	25.0	25.0

**Tax bracket % is based on Taxable income.

Healthcare Entry Sheet

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2017

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap
Eligible*
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1 Nicole Mattiace	065-78-1145	05/14/90	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☐

Check this box once you are finished with all the healthcare related entries.

- Keep for your records

2017

Name(s) Shown on Return <u>Nicole I Mattiace</u>	Social Security Number <u>065-78-1145</u>
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Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/17		04/18/17			04/18/17		
2	06/15/17		06/15/17			06/15/17		
3	09/15/17		09/15/17			09/15/17		
4	01/16/18		01/16/18			01/16/18		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2017					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2017 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				7,689.	2,534.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-K and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax.						
19	Total Withholding Lines 10 through 18f				7,689.	2,534.	
20	Total Tax Payments for 2017				7,689.	2,534.	

Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2016 extensions				
22	2016 estimated tax paid after 12/31/2016				
23	Balance due paid with 2016 return				
24	Other (amended returns, installment payments, etc) . .				

Federal Carryover Worksheet

2017

► Keep for your records

Name(s) Shown on Return
Nicole I Mattiace

Social Security Number
065-78-1145

2016 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY			2,838.		142.	
Totals . .			2,838.		142.	

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2016 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
NY	2,838.	142.

2016 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Nicole I Mattiace

065-78-1145

Other Tax and Income Information			2016	2017
1	Filing status	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4).	2		
3	Itemized deductions	3	2,838.	2,534.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	52,690.	49,969.
6	Tax liability for Form 2210 or Form 2210-F	6	6,353.	5,633.
7	Alternative minimum tax.	7		
8	Federal overpayment applied to next year estimated tax.	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2016	2017
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2016	2017
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss.	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2017. . .	a		
	b 2016. . .	b		
	c 2015. . .	c		
	d 2014. . .	d		
	e 2013. . .	e		
	f 2012. . .	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2017. . .	a		
	b 2016. . .	b		
	c 2015. . .	c		
	d 2014. . .	d		
	e 2013. . .	e		
	f 2012. . .	f		

Nicole I Mattiace

065-78-1145

Credit Carryovers				2016	2017
18	General business credit			18	
19	Adoption credit from:			19 a	
	a	2017		b	
	b	2016		c	
	c	2015		d	
	d	2014		e	
	e	2013		f	
	f	2012			
20	Mortgage interest credit from:			20 a	
	a	2017		b	
	b	2016		c	
	c	2015		d	
	d	2014			
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2016	2017
24	Section 179 expense deduction disallowed			24	
25	Excess			25 a	
	a	Taxpayer (Form 2555, line 46)		b	
	b	Taxpayer (Form 2555, line 48)		c	
	c	Spouse (Form 2555, line 46)		d	
	d	Spouse (Form 2555, line 48)			

Charitable Contribution Carryovers

26 2016 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2016				
b	2015				
c	2014				
d	2013				
e	2012				
27 2017 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2017				
b	2016				
c	2015				
d	2014				
e	2013				

28 Amount overpaid less earned income credit 2,464.

2016 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Electronic Filing Instructions for your 2017 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



NICOLE I MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

Balance Due/Refund	Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$39.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.		
Where's My Refund?	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them three to four weeks processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at https://www.tax.ny.gov/ .		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
2017 New York Tax Return Summary	Taxable Income	\$	43,926.00
	Total Tax	\$	2,495.00
	Total Payments/Credits	\$	2,534.00
	Amount to be Refunded	\$	39.00

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2017, through December 31, 2017, or fiscal year beginning ...

17

For help completing your return, see the instructions, Form IT-201-I.

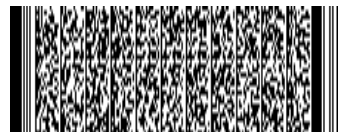
and ending ...

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)		Your social security number	
NICOLE		I	MATTIACE		05141990		065781145	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's social security number	
Mailing address (see instructions, page 13) (number and street or PO box)					Apartment number		New York State county of residence	
186 LOCUST STREET					PVT		NASSAU	
City, village, or post office			State	ZIP code	Country (if not United States)		School district name	
FLORAL PARK			NY	11001			FLORAL PARK-BELLEROSE	
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)					Apartment number		School district code number	
							195	
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmddyyyy)		Spouse's date of death (mmddyyyy)	
			NY		Decedent information			

A Filing status

(mark an X in one box):

- ① ☒ Single
- ② ☐ Married filing joint return
(enter spouse's social security number above)
- ③ ☐ Married filing separate return
(enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2017 federal income tax return? Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes ☐ No ☒**H Dependent exemption information** (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. ☐**D1** Did you have a financial account located in a foreign country? (see page 14) Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 14) Yes ☐ No ☐
- (2) Enter the amount00

D3 Were you required to report, under P.L. 110-343, Div. C, §801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2017? (see page 14) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2017 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 14):

- (1) Number of months **you** lived in NYC in 2017
- (2) Number of months **your spouse** lived in NYC in 2017

G Enter your **2-character special condition code(s)** if applicable (see page 14)

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your social security number
065781145

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	49969.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 15) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	49969.00
18	Total federal adjustments to income (see page 15) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	49969.00

New York additions (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21	1957.00
22	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	51926.00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 17)	26	.00
27	Taxable amount of social security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 18)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18).....	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	51926.00

Standard deduction or itemized deduction (see page 20)

34	Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	43926.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	43926.00

201002171555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
NICOLE I MATTIACE

Your social security number
065781145

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	43926.00
39	NYS tax on line 38 amount (see page 21)	39	2495.00
40	NYS household credit (page 21, table 1, 2, or 3)	40	.00
41	Resident credit (see page 22)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	2495.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	2495.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47	NYC resident tax on line 38 amount (see page 22)	47	.00
48	NYC household credit (page 22, table 4, 5, or 6)	48	.00
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 25)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	.00
59	Sales or use tax (see page 26; do not leave line 59 blank)	59	0.00

Voluntary contributions (see page 27)

60a	Return a Gift to Wildlife	60a	.00
60b	Missing/Exploited Children Fund	60b	.00
60c	Breast Cancer Research Fund	60c	.00
60d	Alzheimer's Fund	60d	.00
60e	Olympic Fund (\$2 or \$4; see page 27)	60e	.00
60f	Prostate and Testicular Cancer Research and Education Fund	60f	.00
60g	9/11 Memorial	60g	.00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h	.00
60i	Teen Health Education	60i	.00
60j	Veterans Remembrance	60j	.00
60k	Homeless Veterans	60k	.00
60l	Mental Illness Anti-Stigma Fund	60l	.00
60m	Women's Cancers Education and Prevention Fund	60m	.00
60n	Autism Fund	60n	.00
60o	Veterans' Homes	60o	.00
60	Total voluntary contributions (add lines 60a through 60o)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	2495.00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

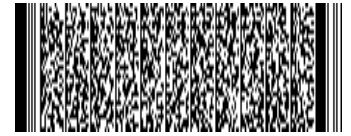


Your social security number

065781145

62 Enter amount from line 61 **62** 2495 .00**Payments and refundable credits** (see pages 28 through 31)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	NYC enhanced real property tax credit	70a	.00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	2534 .00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	2534 .00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 12).

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 31 through 34)

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77	39 .00
78	Amount of line 77 to be refunded Mark one refund choice: <input type="checkbox"/> direct deposit to checking or savings account (fill in line 83) - or - <input checked="" type="checkbox"/> paper check	78	39 .00
79	Amount of line 77 that you want applied to your 2018 estimated tax (see instructions)	79	.00
79a	Amount of line 77 that you want as a NYS 529 account deposit (submit Form IT-195)	79a	.00
80	Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	80	.00
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32)	81	.00
82	Other penalties and interest (see page 32)	82	.00

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 32 for payment options.

See page 35 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 33).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 33) ☐

83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 33) Date Amount .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed) SELF-PREPARED		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
E-mail:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation MENTAL HEALTH AIDE	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (516) 488-7153
E-mail: GMATTIAW@GMAIL.COM	

See instructions for where to mail your return.

201004171555



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Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

065781145

Box b Employer identification number (EIN)

146013200

Box c Employer's information**Employer's name**

STATE OF NEW YORK

Employer's address (number and street)

110 STATE STREET

City

ALBANY

State

NY

ZIP code

12207

Country (if not United States)**Box 1** Wages, tips, other compensation

49969.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

8647.00

Code

D D

Box 12b Amount

6996.00

Code

E E

Box 12c Amount

.00

Code**Box 12d** Amount

.00

Code**Box 14a** Amount

1957.00

Description

414HSUB

Box 14b Amount

.00

Description**Box 14c** Amount

.00

Description**Box 14d** Amount

.00

Description**Box 13** Statutory employee ☐Retirement plan ☐Third-party sick pay ☒Corrected (W-2c) ☐**NY State information:****Box 15a**

NY State

N Y

Box 16a NYS wages, tips, etc.

49969.00

Box 17a NYS income tax withheld

2534.00

Other state information:**Box 15b**

other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's social security number for this W-2 Record**Box b** Employer identification number (EIN)**Box c** Employer's information**Employer's name****Employer's address (number and street)****City****State****ZIP code****Country (if not United States)****Box 1** Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code**Box 12b** Amount

.00

Code**Box 12c** Amount

.00

Code**Box 12d** Amount

.00

Code**Box 14a** Amount

.00

Description**Box 14b** Amount

.00

Description**Box 14c** Amount

.00

Description**Box 14d** Amount

.00

Description**Box 13** Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐**NY State information:****Box 15a**

NY State

N Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:**Box 15b**

other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

102001171555



NO HANDWRITTEN ENTRIES ON THIS FORM

Two-Year Comparison

2017

Name as Shown on Return
NICOLE I MATTIACE

Social Security No.
065-78-1145

	2016	2017	Difference	%
Federal Adjusted Gross Income	52,690.	49,969.	-2,721.	-5.16
New York Additions				
State and local interest income				
Public employee 414(h) retirement contributions	2,300.	1,957.	-343.	-14.91
New York's 529 college savings program distributions				
Other New York additions				
Total New York Additions	2,300.	1,957.	-343.	-14.91
New York Subtractions				
State tax refund				
Government pension exclusion				
Taxable social security benefits				
U.S. government interest income				
Pension and annuity income exclusion				
New York's 529 college savings program deductions/earnings				
Other New York subtractions				
Total New York Subtractions				
New York Adjusted Gross Income	54,990.	51,926.	-3,064.	-5.57
Standard or Itemized Deduction	7,950.	8,000.	50.	0.63
Dependent exemptions				
New York Taxable Income	47,040.	43,926.	-3,114.	-6.62
New York State tax	2,696.	2,495.	-201.	-7.46
New York State nonrefundable credits				
Other New York State taxes				
Total New York State taxes	2,696.	2,495.	-201.	-7.46
New York City taxes				
Yonkers City taxes				
Use tax	0.	0.	0.	
Voluntary gifts/contributions				
Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions	2,696.	2,495.	-201.	-7.46
Withholding	2,838.	2,534.	-304.	-10.71
Estimated tax payments, extension payment, and amount applied from prior year return				
Refundable credits	200.		-200.	-100.00
Total payments and refundable credits	3,038.	2,534.	-504.	-16.59
Underpayment penalty				
Applied to next year's estimated tax				
Refund	342.	39.	-303.	-88.60
Balance Due				